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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818.)		Docket Number (Optional) COLGRA P59AUS																									
Application Number 10/552,652		Filed with an effective filing date of April 8, 2004																									
For DOCKING GUIDANCE																											
Art Unit 2612		Examiner Kerri L. McNally																									
<p>This is a request under the provision of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120</td><td>\$ 60</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 460</td><td>\$ 230</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1050</td><td>\$ 525</td><td>\$525.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1640</td><td>\$ 820</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))</td><td>\$2230</td><td>\$1115</td><td>\$</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0213. I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 42,462 <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 42,462.</p> <p> _____ Signature</p> <p>March 6, 2008 _____ Date</p> <p>Scott A. Daniels _____ Typed or printed name</p> <p>(603) 226-7490 _____ Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of 1 form is submitted.</p>					Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 460	\$ 230	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$ 525	\$525.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1640	\$ 820	\$	<input type="checkbox"/> Five months (37 CFR 1.17 (a)(5))	\$2230	\$1115	\$
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This collection of information is required by 37 CFR 1.191. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. § 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

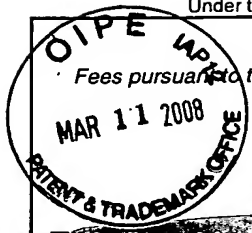
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03/11/2008 HDEMESS1 00000040 10552652

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525.00 OP

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/552,652
with an effective filing date of
April 8, 2004
Eric Joseph HARVISON and
David William SAMES
Kerri L. McNally
2612

Attorney Docket No.

COLGRA P59AUS

TOTAL AMOUNT OF PAYMENT: \$680.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 22 -20 or HP = Extra Claims 2 x Fee (\$) \$25 = Fee Paid (\$) \$50 Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims 4 -3 or HP + Extra Claims 1 x Fee (\$) \$105 = Fee Paid (\$) \$105

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): Three (3) Month Extension of Term \$525.00

SUBMITTED BY

Signature			Telephone (603) 226-7490
Name (Print/Type)	Scott A. Daniels	Registration No. (Atty/Agent) 42,462	Date: March 6, 2008